FRESH SYPHILIS AND THE NEWER REMEDIES.

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The best evidence of the efficacy of the newer remedies in the treatment of syphilis is the increasing number of reinfections reported. The old idea was that one attack of syphilis furnished immunity. We know now that re-infections seldom occurred before the advent of salvarsan because, until that time, syphilis was seldom cured. Treated or untreated syphilis tends to become sequestered and, for variable periods, quiescent.

The keynote to successful treatment is the early administration of salvarsan or neosalvarsan. The prognosis of syphilis intensively treated may be practically reduced to the formula—the earlier the treatment, the more effective.

Beginning with the earliest cases, those in which the initial lesion is present but the serological reaction not yet positive, cure may be regarded as certain.

In cases with reaction only recently positive, cure is probable; in late secondary cases, fairly probable. In old cases, cure is possible but contingent upon various complicating factors.

The essential elements in prognosis are time and intensity of treatment. As stated, the earlier the treatment, the better the prognosis or, in other words, the later the treatment the more intensive must it be. Thus, in the earliest stage three or four treatments will often, and even one or two, will sometimes suffice.

The older the disease the greater the tendency for deeply situated foci to become established. Treatment then becomes effective in direct ratio with their accessibility.

While a comparison of new and old remedies is altogether in favor of the former, this does not mean that the latter are to be discarded. There remain certain definite indications both for mercury and the iodides. When these indications are met intelligently the results are often marvelous. Administered at random, as with any remedy, the results are bound to disappoint.

In the secondary period there are certain papular skin lesions in which mercury has a specially marked effect. Even the much despised proto-iodide pill has caused the disappearance of myriads of such lesions. It is doubtless the potency of mercurials in such conditions that has led many to the combination of salvarsan with mercury, and while it may savor of polypharmacy the therapeutic results would seem, in the present state of our knowledge, to warrant the continuance of the practice.

If, however, we were limited to one remedy in the treatment of syphilis, that remedy would be salvarsan.

REMARKS ON THE MODERN TREATMENT OF SYPHILIS.

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In the treatment of early syphilis we have found the intensive use of salvarsan and mercury the most effective method up to the present time. As an illustration of what can be accomplished by this plan of treatment the case report to follow will answer very well.

Of the various arsenical preparations developed the past few years I have found the old salvarsan (606) to be the most useful. I used neo-salvarsan for a while but soon learned that it was not as potent as salvarsan. We always give the salvarsan intravenously (the dose dissolved in 50 cc. freshly distilled water, preceded and followed by 50 cc. of salt solution). Five or six or more of such injections are given at intervals of 10 days (the dosage varying according to conditions).

In the intervals between these injections the mercury is administered (injections of the soluble salts every other day or the insoluble preparations once a week), or inunctions are given. Mercury is given internally only in those cases where the other methods cannot be carried out.

The postassium iodide is administered after the first year, as under the older methods of treatment.

Several proprietary preparations (combining arsenic and mercury) were found to be inefficient, although as arsenical tonics they are of some use. I have never been able to find therapeutic evidence of the presence of much mercury in these preparations, although I used them intravenously as well as intramuscularly in large doses. Usually the garlicky breath developed very promptly. I have abandoned the use of these preparations in the active treatment of syphilis.

For a while on account of the war it was impossible to obtain salvarsan, and the lack of it was felt very keenly. Since last November, however, we have had an ample supply (arsenobenzol manufactured by the Department of Dermatological Research, Philadelphia, J. F. Schamberg, Director), and the difference in our present results compared with those observed during the period when we had to rely upon mercury and iodine alone is very striking. Active lesions and even the sluggish late lesions of syphilis subside very promptly under the mercury and salvarsan treatment, and the Wassermann rapidly changes to negative. The results from the use of salvarsan and mercury together are better than those observed after either drug administered exclusively.

ILLUSTRATIVE CASE.

Mrs. S. (History 15150) came to the Clinic for Skin Diseases and Syphilis, of the Stanford University Medical School May 19, 1914, with a typical chancre of the upper lip. The chancre had existed about a month. With the dark field condensor treponema pallida were readily demonstrated. The patient had a beginning roseola and the usual con-